

**Sycamore Aviator Youth Football Organization
Emergency Medical Authorization and Waiver of Liability**

Participant's Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Grade: _____ School: _____

Parent/Guardian Name: _____

PART I - MEDICAL AUTHORIZATION

I hereby give consent to the Sycamore Aviator Youth Football Organization ("SAYF") to secure and authorize such emergency medical care and treatment as the above-named participant may require while under the supervision of SAYF. I also agree to pay all costs associated with the medical care and treatment secured under this consent.

Parent/Guardian Signature _____ Date: _____

Contact Information

In the event of an emergency, contact:

Name: _____ Relationship to Player: _____

Address: _____

Phone Number: _____ Cell Number: _____

Medical/Dental Information

Health Insurer: _____ Policy Number: _____

Physician's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Hospital Preference: _____ Phone Number: _____

Please identify any facts concerning participant's medical history, including allergies, medications, and medical conditions, which should be noted by any provider of emergency care or treatment:

PART II - WAIVER OF LIABILITY

As a condition to participating in SAYF activities, I hereby waive, release and forever discharge any and all rights and claims for damage which the participant or any derivative claimant may have or which may hereafter accrue against SAYF and/or any of its coaches, administrators, volunteers, employees, agents, teams, sponsors, fellow participants, or owners, lessors or administrators of the fields and facilities used by SAYF, which may be sustained by the participant in connection with the participant's association with SAYF, including, but not limited to, any damages arising out of participant's traveling to, participating in, or returning from, any SAYF football game, practice, scrimmage, exhibition, or function.

Parent/Guardian Signature _____ Date: _____